

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Comprehensive Medical and Dental Program (CMDP), 942C
P.O. Box 29202 • Phoenix, AZ 85038-9202 • (602) 351-2245
1-800-201-1795 • FAX (602) 351-8529

PRIOR AUTHORIZATION FOR MEDICAL EQUIPMENT AND/OR SUPPLIES

☐ INITIAL
☐ RENEWAL

ORIGINAL AUTHORIZED DATE

PRIOR AUTHORIZATION NO. *(Submit on claim)*PATIENT'S NAME *(Last, First, M.I.)*

BIRTHDATE

CMDP ID NO.

CASE MANAGER'S NAME *(If known)*

PROG./AGENCY

PHONE NO.

DATE SERVICE TO BEGIN

DATE SERVICE TO END

REFERRING PHYSICIAN'S NAME *(Print or type)*

REFERRING PHYSICIAN'S SIGNATURE

PROVIDER'S ID NO.

REFERRING PHYSICIAN'S ADDRESS *(No., Street, City, State, ZIP)*

PHONE NO.

DIAGNOSIS

DATE OF YOUR LAST VISIT

DATE OF RECOMMENDATION

LIST EQUIPMENT/SUPPLIES RECOMMENDED; STATE RATIONALE AND PROGNOSIS

☐ See Attached

CHILD MUST BE ELIGIBLE ON DATE OF SERVICE

PROVIDER'S NAME *(Last, First, M.I.)*

PROVIDER ID NO.

PROVIDER'S ADDRESS *(No., Street, City, State, ZIP)*

PHONE NO.

HCPDS/DME	DESCRIPTION	RENT/PURCHASE	CHARGES	C M D P U S E O N L Y	ALLOWABLE FEES

I agree to accept as payment in full the amount paid by the Comprehensive Medical and Dental Program for services rendered to an eligible foster child. The rental price applies toward purchase. Payment prorated from the date of the initial service delivery. Rental fees paid cannot exceed the purchase price.

SERVICE PROVIDER/VENDOR'S SIGNATURE

DATE

CMDP USE ONLY

LENGTH OF SERVICE

FROM *(Date)*TO *(Date)*

APPROVAL DATE

PENDING DATE

DENIAL DATE

REVIEWER'S NAME

PENDING ADDITIONAL INFORMATION (☒)

☐ Specific CMDP Provider's ID no.☐ Provider's signature☐ HCPCS/DME codes incomplete or incorrect☐ Begin date☐ Specific provider's name☐ Child's CMDP ID no.☐ Charges for medical equipment☐ End date☐ Referring physician's signature☐ Second opinion☐ Equipment letter of medical necessity
(request from therapist)☐ Documentation
not complete☐ Physician's order/prescription☐ Other *(Specify)*

DENIAL REASON

Completion Instructions for CMD-026-B
PRIOR AUTHORIZATION FOR MEDICAL EQUIPMENT AND/OR SUPPLIES

- A. Purpose. This form enables the service provider/vendor to request prior authorization for medical equipment and/or supplies.
- B. Completion. The top portion must be completed by the referring physician. The middle portion must be completed by the service provider/vendor prior to submitting to the Prior Authorization Unit (CMDP), 942C.

• Initial Authorization

1. The physician issues the prescription and completes this form, stating diagnosis, medical necessity and length of time equipment is required.
2. The physician gives the prescription and this form to the service provider/vendor, or gives it to the foster parent to convey to the service provider/vendor.
3. The service provider/vendor is responsible for obtaining the prescription, completing the middle portion of this form with the proper codes and fees, then forwarding the prescription and this completed form to CMDP.
4. Upon review of this form by CMDP, CMDP will approve, deny or request additional information. Approved requests will be assigned a **PRIOR AUTHORIZATION NUMBER**, as well as the quantity, frequency and/or period of time authorized. One copy of this form is then mailed back to the service provider/vendor so appropriate action can be taken.

• Reauthorization (*Renewal*)

If services or equipment and/or supplies are needed beyond the initial authorized period, a request for reauthorization must be submitted in writing two weeks before the end date of the previous authorization to the service provider/vendor. Appropriate documentation (*e.g., progress notes*) may be attached to the request. A new prescription from the referring physician is required at least every three months, depending on the condition. The service provider/vendor will forward the completed form to CMDP.

Changes in utilization require notification before they go into effect. If CMDP is not notified in advance, additions to the claim will not be paid.

- C. Routing. The original and all copies are routed to CMDP, 942C.
- D. Retention. Retain the canary copy in the CMDP file according to CMDP policy. The physician and service provider/vendor will receive copies for their records.